INSTRUCTIONS: The appropriate. All further indicated unless corrected	this form, together wi		or j	P.O. Box 1450 Alexandria, Vii Fax (571) 273-2885	rginia 22313-1450 quired). Blocks 1 through 5 will be mailed to the curren ss; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 11/01/2005 Sughrue Mion Zinn Macpeak & Seas 2100 Pennsylvania Avenue NW Washington, DC 20037-3202				Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsin transmitted to the USPTO (571) 273-2885, on the date indicated below.		
2/01/2006 MBEYENE2 0000					,	(Signature)
1 FC:1501	1400.00 OP					(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/670,568	09/670,568 01/18/2001		Yoji Ikawa		Q61014	5597
TITLE OF INVENTION: H	SMALL ENTITY	•		PUBLICATION FEE	TOTAL FIEW DATE	
	NO NO	ISSUE FI			TOTAL FEE(S) DUE	DATE DUE
	•		\$1400		\$1400 02/01/2006	02/01/2006
EXAMINER YU, MISOOK		ART UNIT C		CLASS-SUBCLASS 435-069100	ا	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. SUGHRUE MION, PLLC			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN 1. OTSUKA P. 2. IKAWA YO Please check the appropriate	an assignee is identified by 37 CFR 3.11. Completion EE HARMACEUTICAL j i assignee category or category	elow, no assignee of this form is NOI (B CO., LTD ories (will not be pri	data will app T a substitute RESIDENC 1. 2. Inted on the p	ear on the patent. If an assig for filing an assignment. CE: (CITY and STATE OR CO Tokyo, Japan Tokyo, Japan atent): Individual A	DUNTRY) Corporation or other private gr	
Advance Order - # of	mall entity discount permitte f Copies	ed) A ch PC	arge any	attached for the NOA payment deficiency an	Fees payment. Pleas d credit overpayment to of this form is attached.	O dit any overnovment to
The Director of the USPTO	MALL ENTITY status. See	37 CFR 1.27.	ion Fee (if an	v) or to re-apply any previous	ALL ENTITY status. See 37 C sly paid issue fee to the applica gistered attorney or agent, or the	ation identified above.
Authorized Signature	837	DREW HI	·		1-27-06 n No. 30, 764	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.